

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028695

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3660

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10006 Belaire		d. STREET ADDRESS (If outside, give location) 10006 Belaire	

3. NAME OF DECEASED (Type or print) Anna May Sweeney			4. DATE OF DEATH Month June Day 29 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/1/1920	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) TREECE, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William S. Bollinger	13b. MOTHER'S MAIDEN NAME Levonia Neff	14. NAME OF HUSBAND OR WIFE Ray A. Sweeney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Ray A. Sweeney, Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
DUE TO (b) Malignant Carcinoma		1 year
DUE TO (c) Primary Carcinoma of Breast		2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to June 29, 1963 and last saw her alive on June 28, 1963 Death occurred at 1:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE [Signature]	22b. ADDRESS 2-2017 39th St. Kansas City, Mo.	22c. DATE SIGNED 7-1-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/1/1963	23c. NAME OF CEMETERY OR CREMATORY FLORA HILLS CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR D. W. Newcomer's Sons, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 7-1-63	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Chas. G. Stephens MEDICAL CERTIFICATION

W. Charles Stephens
Lakeland - 28th - 7th Ave
K.S.
11-18
4-0-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert J. Boyer

Licensed Embalmer No.

4892

P. O. Address

WILKINSON PARK, K.S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.